



U.S. ENVIRONMENTAL PROTECTION AGENCY  
**GENERAL INFORMATION**  
 Consolidated Permits Program  
 (Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

FWA D053823019

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate space below. Also, if any of the information is missing, please provide it in the left of the label space like the information that should appear below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which is required). Complete all items in the supplemental form provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 SKIP ARLINGTON TREATING PLANT J H BAXTER & CO.

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)  
 2 SPIES M C PLANT MANAGER

B. PHONE (area code & no.)  
 206 435 2146

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX  
 3 P O BOX 305

B. CITY OR TOWN  
 4 ARLINGTON

C. STATE  
 WA

D. ZIP CODE  
 98223

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  
 5 188 NE and 66 AVE NE

B. COUNTY NAME  
 SNOHOMISH

C. CITY OR TOWN  
 D. STATE  
 WA

E. ZIP CODE  
 98223

F. COUNTY CODE (if known)  
 061

USEPA SF



1499110

A. FIRST		B. SECOND	
C 7	2 4 9 1 (specify)	C 7	(specify)
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32		15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	
C. THIRD		D. FOURTH	
C 7	(specify)	C 7	(specify)
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32		15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	

A. NAME		B. Is the name listed in Item VIII-A also the owner?
8	J. H. BAXTER & CO.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)				D. PHONE (area code & no.)			
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C			
S = STATE	O = OTHER (specify)			A	4 1 5	3 4 9	0 2 0 1
P = PRIVATE				13	00 - 99	00 - 21	22 - 99

E. STREET OR P.O. BOX																				
1	7	0	0	S	O	U	T	H	E	L	C	A	M	I	N	O	R	E	A	L

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND			
C													Is the facility located on Indian lands?				
B	SAN MATEO										CA	94402	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
19	18											40	41	42	47	-	51

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)										PUGET SOUND AIR POLLUTION CONTROL DIST.													
C	T	I								C	T	I	1914																				
9	N									9	P																						
13	18	17	12								30	19	16	17	18								30										
B. UIC (Underground Injection of Fluids)										E. OTHER (specify) N																							
C	T	I								C	T	I	2674 REFORM 2706							(specify) BUILDING PERMIT CITY OF TALLMAST WASH. FOR PLANT EXPANSION													
9	U									9																							
18	16	17	48								30	18	16	17	18								30										
C. RCRA (Hazardous Wastes)										E. OTHER (specify)																							
C	T	I								C	T	I								(specify)													
9	R									9																							
18	16	17	12								30	18	16	17	18								30										

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

✶ Treats wood products for sale with wood preservatives and preservatives in solution.  
Also treats wood products owned by others with materials listed above.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
W. O. Spies, Vice President-Operations		11/17/80

19	10	55
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